

niramaaya

NCD NEWSLETTER

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NCD RISK FACTORS

 TOBACCO USE	 INADEQUATE PHYSICAL ACTIVITY	 ALCOHOL USE	 OBESITY	 SALT/SODIUM INTAKE	 HOUSEHOLD AIR POLLUTION
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Noncommunicable diseases are rising at an alarming rate in India. The need of the hour is to develop a strong and coordinated response to fight these diseases as well as generate awareness among people to adopt preventive measures and promote positive health behaviours. I am happy to know that Niramaya is an effort to facilitate multisectoral partnerships in NCD prevention and control. It is crucial that India's progress in this area is documented and people working in the field learn from each other in order to step up efforts. I wish the editorial team of Niramaya the very best in this initiative.

Dr Harsh Vardhan

Hon'ble Minister for Health and Family Welfare, Government of India

Dr Harsh Vardhan (59) is a recipient of the World Health Organization (WHO) Director-General's Commendation Medal for working for a tobacco-free society. He also received Rotary International's "Polio Eradication Championship Award" and numerous other prestigious awards and fellowships for outstanding health governance leading to enhancement of India's human development profile. As Health Minister of Delhi State in the 1990s he initiated numerous steps for controlling India's communicable and non-communicable disease burden and enacted the first Tobacco Control law in the country. Dr Vardhan is an ENT surgeon, and has been associated with WHO's South-East Asia Office as an adviser for many years.

To Dr Harsh Vardhan goes the credit of envisioning a polio-free India. In 1994, he marshaled public-private synergies to successfully organize India's first Pulse Polio campaign, which soon became institutionalized and eventually resulted in India being declared polio-free in January 2014. He also wrote the first Tobacco Control law in the country. He has been associated with WHO's South-East Asia Office as an adviser for many years.

In May 2014 he took over as the Union Health Minister. He announced a series of steps to bring India's health policy in line with WHO's NCD Monitoring Framework. He pushed for 70 percent increase in cigarette taxes, urged the medical community to embrace the rational prescription doctrine and made use of every available platform to make people aware of the huge role of sedentary lifestyles in the national disease burden. He also announced the formation of Institutes of public health and Departments of occupational and environmental health, hypertension and diabetes control and management plans for a host of other diseases which threaten to challenge India's public health infrastructure.

Dr Harsh Vardhan has directed his team to ready India's first ever Universal Health Assurance Policy, an omnibus package of promises on state-financed treatment, on health awareness building and insurance. He actively urges India's pre-dominantly youthful population to embrace healthy lifestyles marked by rejection of harmful foods, taking up Yogayoga, meditation and other forms of exercise.

An avid reader, Dr Harsh Vardhan also contributes articles to the country's leading publications to make people conscious of their individual and collective responsibility in ensuring India achieve better human development indicators. His dream is to make 'health for all' a social movement.



From the Editors

The first issue of *Niramaya* – NCD Newsletter was released in the last week of February 2014 by the Hon'ble Health Minister in the presence of senior officials from Ministry of Health & Family Welfare (MoHFW), World Health Organization (WHO) and civil society representatives. The release of the e-newsletter, developed under the guidance of Ministry of Health & Family Welfare (MoHFW), sets the stage for quick and consolidated access to news and updates related to noncommunicable disease prevention and control in India, every quarter. Along with perspective on the government's response and civil society action on NCDs, the first edition laid special emphasis on the issue of tobacco control.

One of the cornerstones of NCD prevention and control is building synergies among all stakeholders. Both intra-sectoral and inter-sectoral approaches are imperative to counter NCD epidemics. Although each of the major risk factors related to NCDs require strategic and focused action, it is equally important to integrate these strategies under a collective response to NCDs.

Following the previous issue, this edition of *Niramaya* highlights another major risk factor related to NCDs and India's response to the rising burden of alcohol use. Alcohol use is also characterized by adverse health and socio-economic consequences. The nature of these consequences is determined by drinking patterns, volume and quality of alcohol consumed and differences in the socio-economic and environmental milieu. Recent years have witnessed changes in drinking patterns globally with rates of consumption stabilizing in high income countries, with excessive consumption and heavy episodic drinking on the rise in low and middle income countries.

In 2012, about 3.3 million deaths, or 5.9% of all global deaths, were attributable to alcohol consumption. Alcohol users experience a higher incidence of negative life events, more injuries and increased psycho-social problems. The impact of individual drinking to others involves both socioeconomic consequences and substantial health problems, such as alcohol-related injuries and mental health impact.

Recognizing the importance of public health problems caused by the harmful use of alcohol, the 58th World Health Assembly (WHA) called on World Health Organization (WHO) to intensify international collaboration in reducing public health problems caused by the harmful use of alcohol. In May 2010, the WHA representing all 193 WHO Member States, approved a resolution to endorse the "Global Strategy to Reduce the Harmful Use of Alcohol". The strategy includes a range of evidence-based policies and interventions that can protect health and save lives if adopted, implemented and enforced.

In 2011, the UN High-level Meeting on NCDs identified alcohol as one of the four main risk factors for NCDs. The 66th WHA followed up on the Political Declaration adopted at the high-level meeting by endorsing the World Health Organization (WHO) Global Action Plan for the prevention and control of NCDs 2013–2020. This action plan reinforces the implementation of the Global strategy to reduce the harmful use of alcohol. The global monitoring framework includes 25 indicators and a set of nine voluntary global targets. One of these targets is at least a 10% relative reduction in the harmful use of alcohol by 2025. India has become the first country to adopt a [national framework for prevention and control of NCDs](#), setting a target of 10% relative reduction of alcohol use by 2025, among others. A unique and commendable feature of this target is that India is committed to mitigating the problem of alcohol use, which goes beyond the global targets calling for relative reduction in harmful use of alcohol.

Along with special focus on the issue of alcohol control, this edition of the e-newsletter also provides latest updates on the multisectoral workshops and meetings held across India on the theme of NCDs. The 'Voices from the Field' section showcases efforts undertaken by various civil society organizations in the area of NCD prevention and control. The e-newsletter also includes updates on the recently released World Health Organization (WHO) Global Status Report on Alcohol and Health as well as various events organized in view of World No Tobacco Day and World Environment Day observed during this last quarter.

Niramaya was launched with the vision of emerging as a collaborative effort between all stakeholders. The Editorial Team invites feedback and inputs for developing a robust medium of communication on NCDs in India.

We look forward to hearing from you!

INDIA RESPONDS TO NONCOMMUNICABLE DISEASES (NCDs)

National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)- An Update

NPCDCS is being implemented in 29 States /UTs by the end of 2013-14. 157 districts were taken up for implementation by the end of 2012-13. During the 12th Plan, the components of NPCDCS till the district level and below have been brought under the umbrella of National Health Mission. Additionally, 150 districts are proposed to be taken up during 2014-15.

LAUNCHED IN 2010

OBJECTIVE

Strengthen infrastructure, human resource development, health promotion, early diagnosis, treatment and referral for NCD prevention and control.

As of May 2014, the following infrastructure has been set up for programme implementation:

- State NCD Cell in **21** states
- District NCD Cell in **96** districts
- District NCD Clinic in **95** districts
- 204 CHC Clinics in **10** districts
- Cardiac Care Units in **65** districts
- Chemotherapy services started in **10** districts
- **95** trainers have been trained under Training of Trainer's programme under National Institute of Health and Family Welfare
- **717** Medical Officers have been trained by states in **36** training sessions

As on 31 March 2014, 5.57 crore persons have been screened for Diabetes and Hypertension respectively. 6.14% found suspected to be Diabetes and 5.12% found suspected to be having Hypertension. As per the management protocol, these suspected patients were referred to higher facilities for follow up and treatment.

OTHER UPDATES

School Textbook on Health Education for class IIIrd to Xth is being developed in collaboration with the National Institute of Health & Family Welfare (NIHFW).

Regional Review Meeting of NPCDCS for the north eastern region was held in Guwahati on 29 - 30 April 2014

WHAT'S NEW IN NCD PREVENTION AND CONTROL IN INDIA

Consultation for Development of National Multisectoral Action Plan for Prevention and Control of NCDs

A joint consultation was organized with MoHFW to develop the National Multisectoral Action Plan for Noncommunicable Diseases (NCDs) in India, on 22-23 May 2014. Representatives from 17 key ministries including Finance, Food Processing, Human Resource Development, Panchayati Raj, Urban Development, Information and Broadcasting, Sports and Youth Affairs; as well as UN Agencies, bilateral partners, industry associations and other stakeholders attended the consultation and recognized the urgent need for tackling the NCD challenge in a coordinated manner. The main focus of the consultation was to address the four identified thematic areas

(multisectoral approach; health systems strengthening; health promotion and advocacy; and monitoring and evaluation). Recommendations were made under each thematic area, including key activities and timelines, as well as assignment of responsibilities across relevant stakeholders. Subsequently, the necessary costing and financing exercise will be undertaken.



The key recommendations of the consultation included:

- Establishing a coordination mechanism including Cabinet Committee on health with a focus on NCDs; Constituting of an Inter-ministerial Committee of Secretaries, chaired by the Cabinet Secretary, for review and decisions in core areas (policy approving body). Further, it was proposed to have focal points on NCDs in 22 key ministries; out of which 8 ministries have already committed.
- Strengthening comprehensive NCD services at all levels of health care and devising mechanism for increased availability of essential drugs and technologies
- Integrating NCD functions with the existing roles and responsibilities of staff at the primary level
- Identifying the effects of policies and roles of relevant sectors in health promotion and NCD risk reduction
- Developing and scaling-up of evidence based behaviour change interventions for various health promoting settings
- Implementing 'monitoring and evaluation frameworks' for tracking progress of the national multisectoral action plan and programme activities for prevention and control of NCDs
- Leveraging on the existing national/subnational surveys and outlining mechanisms to integrate monitoring framework indicators into the national health management information system

Overall, the consultation has been a positive step in adapting a multisectoral whole-of-government and a whole-of-society approach in developing and implementing relevant policies and programmes for prevention and control of NCDs.

Multisectoral Engagement for Achieving the NCD Targets

NCD Multisectoral Action Plan Timeline

- 2011 UN Political Declaration on NCDs
- May 2013 WHO Global Action Plan 2013-20, including 9 targets and 25 indicators
- June 2013 [India's National Monitoring Framework](#) including 10 targets (added Household Air Pollution) and 21 indicators
- Dec 2013 Sub-national Consultations for the roll-out of the National Monitoring Framework
- Jan 2014 National Steering Committee formed for monitoring and evaluation of NCDs
- May 2014 Consultation on development of National Multisectoral Action Plan with relevant stakeholders

TARGETS

National NCD Monitoring Framework 10 targets for 2025



Currently, the National Multisectoral Action Plan for NCD Prevention and Control is underway.

World No Tobacco Day 2014

World No Tobacco Day (WNTD) was observed on 31 May on the theme of “Raise Tax on Tobacco”. Dr Harsh Vardhan, Hon’ble Union Minister for Health & Family Welfare released highlights of vital study on “Economic Burden of Tobacco Related Diseases in India”. The study revealed that the economic cost attributable to tobacco use from all diseases in 2011 was a staggering Rs 104,500 crores (US\$ 22.4 billion).



At the WNTD commemoration, Dr Vardhan spoke about his proposal to make strong recommendation to the Finance Minister to increase taxes on tobacco products. A panel discussion was organized with officials from Ministry of Finance, Planning Commission, Consumer Affairs, economists and researchers whereby the issue of tobacco taxation in India was discussed at length.

The WNTD rally was flagged off from Nirman Bhawan by the Hon’ble Minister of Health & Family Welfare as part of his strategy to engage all sectors of society, specially children to curb the menace of tobacco. Senior officials from Ministry also participated in the rally from the Nirman Bhawan to India Gate with students.



WNTD 2014 Advocacy Materials are available from the [WHO Country Office for India website](http://www.who.int/country/india) (including Posters, Fact Sheets, Highlights of the Report on Economic Burden of Tobacco Related diseases in India)

Video on WNTD theme: https://www.youtube.com/watch?v=wb8_ctH1_X4

Dr Harsh Vardhan: Environmental Hazards to Health a Major Concern

Addressing a distinguished gathering at Vigyan Bhawan, on the occasion of World Environment Day 2014, Union Health and Family Welfare Minister, Dr Harsh Vardhan, announced his resolve for greening the health care and converting the All India Institute of Medical Sciences (AIIMS), New Delhi into a “green hospital”. Present at this gathering were, State health secretaries, senior officials from Ministry of Health and Family Welfare, health and environmental professionals, representatives from UN organizations like WHO, UNICEF. With growing environmental degradation, emerging as one of the major source of diseases- from water borne diseases to noncommunicable diseases (NCDs)- the Minister announced plans for setting up a network of capacity building institutions for public health professionals all over India.



The consultation primarily addressed four main thematic areas: air pollution [Household Air Pollution (HAP) and Ambient Air Pollution (AAP)], water and sanitation, health hazards due to chemicals (with special emphasis on occupational safety) and effects of climate change on health. According to WHO 2012 data, globally over 4 million people a year die prematurely from illness (like pneumonia, stroke, ischaemic heart disease, chronic obstructive pulmonary disease and lung cancer) attributable to HAP caused by the inefficient use of solid fuels and secondhand smoking. In light of this, HAP has been recognized as a major NCD risk factor, and has recently been included in the National NCD Monitoring Framework, setting a target of 50% reduction household use of solid fuels and 30% reduction on prevalence of current tobacco use. Government of India is leading efforts to address this, and constituted a National Steering Committee on health related issues on air pollution. This committee shall map the scientific evidence for health consequences of air pollution and shall identify practical multisectoral initiatives and policy actions to address the situation.

Donate your Caller Tune for Health



A unique health awareness initiative Donate Your Caller Tune campaign was launched last year by the WHO Country Office for India, as a pilot for awareness on NCDs, for which prominent celebrities have lent their voice to create simple effective health messages. Explaining the rationale of the campaign, WHO Representative to India, Dr Nata Menabde, said, “*The idea is to reach out with creative messages for adopting healthy lifestyles. According to industry estimates, on an average a person receives around 15 phone calls a day, making the space of caller tune an untapped area for promoting health causes.*”

The campaign has won the Gold award in the 'Best use of Mobile Advertising' category at the Yahoo Big Chair Digital Media Awards.

Be a part of the health awareness movement!

Visit www.donateyourcallertune.in, choose a cause and a celebrity and make it your callertune.

NCD FOCUS: ALCOHOL CONTROL

DID YOU KNOW?

- Harmful use of alcohol is the 5th leading risk factor for premature deaths and disabilities in the world
- Harmful use of alcohol is a component cause of more than **200 disease** and injury conditions in individuals, most notably alcohol dependence, liver cirrhosis, cancers and injuries
- Globally, harmful use of alcohol causes approximately **3.3 million** deaths every year (or 5.9% of all deaths)
- **5.1%** of the global burden of disease is attributable to alcohol consumption

WHO Global status report on alcohol and health 2014



The report, launched in May 2014, provides a global overview of alcohol consumption in a public health context along with information on consumption of alcohol in population; health consequences of alcohol consumption and policy responses at national level. The report contains country profiles for WHO Member States highlighting their efforts to reduce the harmful use of alcohol, and its health and social consequences.

As per the report, in India, individuals above 15 years of age drink an average of 4.3 liters of pure alcohol per year; the trends reveal a constant increase in per capita consumption over years. Half of this consumption is unrecorded, i.e. homemade alcohol, illegally produced or sold outside normal government controls. Of the total recorded alcohol consumed, 93% is in the form of spirits.

It further reveals that, almost 75% of the Indian population abstain drinking alcohol, which means per capita consumption among drinkers is in the tune of 28 liters of pure alcohol per year. Approximately 13% of drinkers aged 15 years or older engage in heavy episodic drinking.

4.5 % of the Indian males and 0.6% of females suffer from Alcohol Use Disorders (AUDs) while 3.8 % of the males and 0.4% of the females are alcohol dependent.

As per the National action plan and monitoring framework of prevention and control of NCDs, Government of India is committed to meet the national target of 10% relative reduction in alcohol use by 2025.

As the Indian society is undergoing a rapid transition of growth and development due to macro and micro level

influences, people are embracing new lifestyles and practices giving rise to new problems such as the growing use and abuse of alcohol. Globalization, industrialization, migration and media have a strong impact on the lives of people and the choices they make.

Many parts of the world have reached stable and saturated levels of consumption of alcohol and with declining trends of consumption in European region and other traditional markets; but middle income countries like India are the new potential emerging markets for the alcohol industry.

Public health policy-makers in developing countries and economies in transition like India are increasingly challenged to formulate effective strategies to address the public health problems caused by the harmful use of alcohol.

The global strategy to reduce the harmful use of alcohol, endorsed by WHO's Sixty-third World Health Assembly in May 2010, recognizes the close links between the harmful use of alcohol and socioeconomic development. It represents the commitment by the Member Countries of the World Health Organization to sustained action at all levels.

The policy options and interventions available for national action can be grouped into the following 10 recommended target areas:

- Leadership, awareness and commitment
- Health services response
- Community action
- Drink-driving policies and countermeasures
- Availability of alcohol
- Marketing of alcoholic beverages
- Pricing policies
- Reducing the negative consequences of drinking and alcohol intoxication
- Reducing the public health impact of illicit alcohol and informally produced alcohol
- Monitoring and surveillance

India needs to adopt and implement the [WHO global strategy to reduce the harmful use of alcohol](#) as appropriate at the national level, taking into account national circumstances, such as religious and cultural contexts, national public health priorities, as well as resources, capacities and capabilities.

Accurate and up-to-date information is vital for alcohol policy development, this report which is largely based on the information submitted from Member States of WHO, would be useful in contributing to the public health objectives articulated in the Global strategy to reduce the harmful use of alcohol. For more details on Global observatory data for road safety, visit: http://www.who.int/gho/road_safety/en/

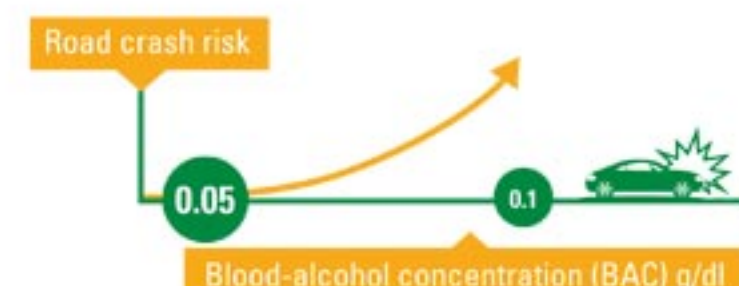
Technical Advisory Group on Alcohol Control set up by the Ministry of Health and Family Welfare

The Ministry of Health & Family Welfare has recently constituted the Technical Advisory Group on Alcohol Control (TAG) to lead efforts to address alcohol related morbidity and mortality. This is the first major milestone in moving towards a comprehensive alcohol control policy for India.

Drink-driving: the facts

Drinking alcohol and driving increases the risk of a road traffic crash

Above a blood-alcohol concentration (BAC) of 0.05 g/dl, the risk of road traffic crash increases dramatically.



Drink-driving laws should be based on a blood alcohol concentration (BAC) limit of no more than

0.05g/dl

Enforcement of drink-driving laws has been shown to be more effective when it includes random breath tests for all drivers.

135

of the world's countries use random breath testing to enforce their drink-driving laws.

Strictly enforcing a drink-driving law can reduce the number of road deaths by 20%.

20%



89

countries now have a drink-driving law based on a BAC of ≤ 0.05 g/dl.



Countries with a national drink-driving law based on BAC of ≤ 0.05 g/dl

Only 21% of countries report enforcement of their drink-driving laws as good.



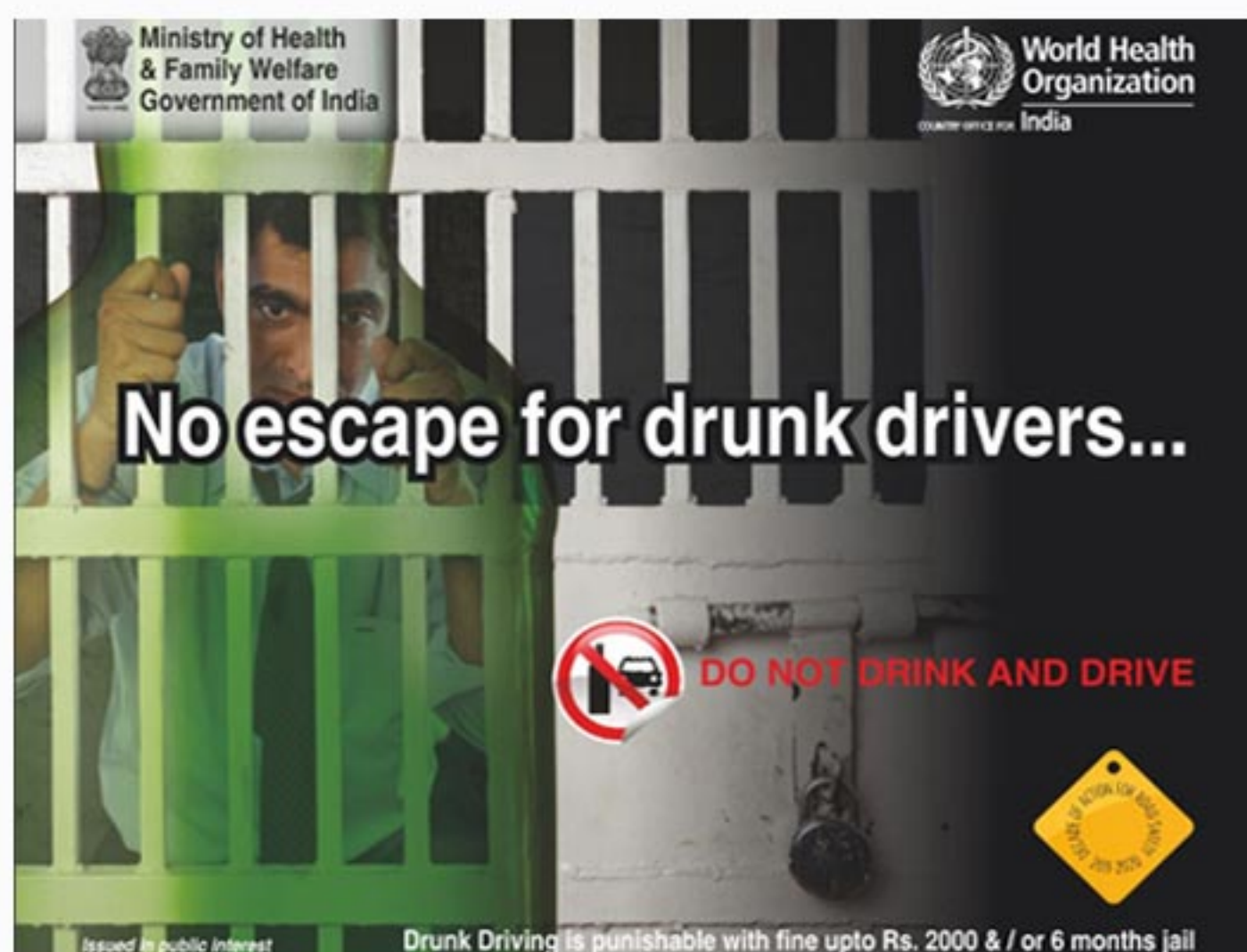
Source: Global status report on road safety 2013
www.who.int/violence_injury_prevention/road_safety_status



Drink - Driving Facts:

- In India the National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional) is 0.03%
- [The Global Status Report on Road Safety 2013](#) estimates that more than 231 000 people are killed in road traffic crashes in India every year. Strictly enforcing a drink-driving law can reduce the number of road deaths by 20%
- A strong legislation along with a high perception of enforcement among the public through strong social marketing campaigns is pertinent for saving lives due to road crashes

WHO developed evidence based social marketing campaign on the theme [“Do Not Drink and Drive”](#) and [“Your Family Needs You”](#) [Car-o-bar; Car-o-bar TVC (cop)]. This has been successfully piloted in Hyderabad and Jalandhar in 2011 and 2012 covering radio, television, print and outdoors.



Civil society action on alcohol control

The Public Health Foundation of India (PHFI) undertook a project to explore setting up a Centre of Excellence in Alcohol Control (CoE-AC) in 2009 with Swedish partners with a vision to shape policies, strengthen research, build capacity, and advocate for alcohol control measures in India. The CoE-AC aimed to identify priorities in alcohol control in India and mobilize partnerships between key stakeholders for coherent action. The Centre focused on promoting epidemiological and policy research for prevention and control of alcohol misuse in India, by adapting research tools in collaboration with the Swedish research team.

To achieve the objectives of the Centre, PHFI carried out qualitative research study to explore various risk factors influencing initiation and continuation of alcohol use and misuse. In another study, an operational research study was undertaken with 125 undergraduate students from different colleges of Delhi University to assess youth perception on alcohol consumption, exposure to alcohol advertisements and other alcohol related promotions. To assess the implementation of state excise policies, PHFI, along with its state partners collected data on enforcement (compliance and violations) of the provisions of the excise policies in 11 selected states of India. [An alcohol industry report covering alcohol marketing and regulatory policy environment in India](#) has also been developed.

Alcohol Control: A Public Health Perspective



PHFI in collaboration with MoHFW organized an expert consultation on “Alcohol Control: Public Health Perspective – Moving forward towards a comprehensive national alcohol control policy” on the 9 April 2014 in New Delhi, with an aim to raise the discourse on developing a national alcohol control policy with key relevant government departments and

ministries, government alcohol monopolies, civil society organizations, media and other important stakeholders.

Objectives of the Workshop

- Organize a brainstorming session on developing alcohol control policies and practices
- Sharing of global and national best practices to create a conducive environment to address alcohol problem in India from a public health perspective
- Prioritize action under the NCD agenda of the GoI
- Include the national road safety policy in the alcohol control mandate to address drink-driving and road fatalities caused due to alcohol consumption
- Facilitate recommendations from the workshop as a way forward towards developing an effective and comprehensive National Alcohol Control Policy for India

Youth United Voluntarily Against Alcohol



An [online social media Facebook page named YUVAA](#) (Youth United Voluntarily Against Alcohol) was recently started by HRIDAY (Health Related Information Dissemination Amongst Youth) to engage youth from across the globe to come together and discuss the issue of Alcohol Control. YUVAA is growing its member base every day (15,000+ members currently) and aims to become a one stop platform for youth to gain information on issues related to alcohol control.

Nada India: Community Engagement and Youth Empowerment for Alcohol Control



Nada India works towards providing barrier-free alcohol treatment services across communities. Today, that vision is aligned with drug demand reduction strategy of the Government of India. Nada India has been reaching out to young people through a series of artistic events like painting competition and street theatre, *Pehchaan* Radio Clubs and life skill training workshops.

The biggest challenge identified is to protect young people exposed to alcohol consumption at homes by their parents, portrayal of alcohol as acceptable by market driven media, movies and social media. The Nada India's *Pehchaan* campaign is to inspire alcohol/drug affected children, adolescents, women and senior citizens to support alcohol & drug prevention. Nada India supports and facilitates community initiatives with young people and women and uses peer based approach. Some of the key areas identified by Nada to strengthen alcohol control in India include empowering panchayats and local bodies to play a role in alcohol control activities; integrating workplace alcohol use prevention in alcohol control policies and prohibiting liquor sale near national highways.

VOICES FROM THE FIELD

Arogya Kiran - A ray of hope: An Initiative for the Community and by the Community for Early Detection of Diabetes and Hypertension in Andhra Pradesh, India



MAMTA-Health Institute for Mother and Child in partnership with the APs Government began an initiative in September 2012 to improve early detection for diabetes and hypertension involving primary healthcare system through integration into mother and child health programme in the state. Six hundred community volunteers and 200 school teachers were identified; and trained in prevention and management of diabetes and hypertension, and are called **Arogya Kiran**-A ray of hope for health.

Through **Arogya Kiran**, 600,000 adults from rural and urban areas; 20,000 adolescent (from 100 schools) and; 3,000 employees from 30 workplaces were covered. The programme connects 'at-risk' individuals to health system for screening, facilitates follow-up of suspected individuals for diagnosis and treatment and promotion of healthy lifestyle including treatment seeking behaviour through community mobilization. 'The funding support for the project is given by Bristol-Myers Squibb Foundation, USA.'

On 3 January, 2014 an event was held to deliberate on integration of the "**Arogya Kiran Model**" within the existing national health programmes and prospects with education department to address increasing burden of hypertension and diabetes.

Source: Sogarwal and Mehra: Arogya Kiran model for early detection of diabetes and hypertension: an initiative for the community and by the community in India. BMC Health Services Research 2014 14(Suppl 2):P113.

Project UDAY: A Comprehensive Diabetes Prevention and Management Programme

Project UDAY is a comprehensive Diabetes Prevention and Management Programme being implemented in two geographically and culturally distinct districts of India, Sonipat in Haryana & Visakhapatnam in Andhra Pradesh. It is a partnership between Public Health Foundation of India (PHFI), Population Services International (PSI) and Project Hope with funding support from Eli Lilly & Company under the NCD Partnership. Target population covered are all adults aged ≥ 30 years in urban and rural sub-sites of project area, each with a population of approximately 1,00,000 people, yielding a total population of 4,00,000.

On 4 April, 2014 PSI under Project UDAY launched an integrated communications campaign promoting proactive testing for HBP and diabetes and the adoption of a healthy lifestyle, in the presence of officials from the MoHFW, Gol. The campaign consists of a television ad, posters and radio spots were developed on the insights from the community through a qualitative study.

Tobacco-free polling booths in Bihar

In an effort to regulate tobacco use in the state, the Office of Chief Electoral Officer, Bihar issued a notification to all District Election Officers cum District Magistrates to declare polling booths **"TOBACCO/SMOKE FREE"** in the recently concluded General Elections 2014. Officials were also instructed to ensure the mandatory display of the signage of **'smoke-free public place'** as per Section 4 of the Indian tobacco control law (COTPA, 2003) at each polling booth. This was an outcome of consistent advocacy efforts of State Tobacco Control Cell of State Health Society, Bihar (SHSB), where Secretary, Health-cum-Executive Director, SHSB has written to Chief Electoral Officer, Bihar for mass awareness on Tobacco Control during the General Election 2014.

Cancer screening on wheels



Roko Cancer Charitable Trust is a charity working towards the cause of creating awareness and early detection of breast and cervical cancer among women living in the rural & semi urban areas of India. Through its fully equipped Mobile Cancer Detection Unit the charity conducts free screening mammograms, pap-smears and oral cancer examination for the masses to catch the disease at the earliest.

Till date, Roko has successfully conducted 3652 camps pan-India, wherein 448,955 patients were examined by the doctors. 63934 mammographs have been conducted in these camps out of which 2846 were suspected positive for malignancy.



Youth intervention for tobacco prevention

The Central Health Education Bureau (CHEB) collaborated with a leading national newspaper on the occasion of World No Tobacco Day 2014 to conduct a smoking cessation activity focused on youth in New Delhi. Various senior officials from MoHFW, CHEB and nearly 5000 youth attended the event. The dignitaries urged youth to stay away from tobacco use and sensitized them about the social and economic costs associated with tobacco use. Youth participants performed skits, slogans, poems and songs on the theme of tobacco prevention.



Achieving Global NCD targets will save lives

A recent study published in the Lancet estimated the impact of achieving the targets for six risk factors (tobacco and alcohol use, salt intake, obesity, and raised blood pressure and glucose) on NCD mortality between 2010 and 2025. The study methods accounted for multi-causality of NCDs and for the fact that when risk factor exposure increases or decreases, the harmful or beneficial effects on NCDs accumulate gradually. The study concludes that if risk factor targets are achieved, the probability of dying from the four main NCDs between the ages of 30 years and 70 years will decrease by 22% in men and by 19% in women between 2010 and 2025, compared with a decrease of 11% in men and 10% in women under the so-called business-as-usual trends.

Kontis V, et al "Contribution of six risk factors to achieving the 25x25 non-communicable disease mortality reduction target: a modeling study" Lancet 2014; DOI: 10.1016/S0140-6736(14)60616-4.)

Employment in a smoke-free workplace is associated with living in a smoke-free home in low and middle income countries: Study

Exposure to secondhand smoke (SHS) is associated with a number of chronic diseases. Smoke-free policies world over, have been shown to have a positive impact on tobacco use indicators, improved air quality and reduced hospitalization for asthma and acute myocardial infarction. The objective of this study was to assess whether being employed in a smoke-free workplace is associated with living in a smoke-free home in 15 low and middle income countries (LMICs). Country-specific individual level analyses of cross-sectional Global Adult Tobacco Survey data (2008–2011) from 15 LMICs was conducted using multiple logistic regression. Results showed that in LMICs, employment in a smoke-free workplace is associated with living in a smoke-free home. Accelerated implementation of comprehensive smoke-free policies is likely to result in substantial population health benefits in these settings.

Nazar, GP., Lee, J., Glantz, SA., Arora, M., Pearce, N., Millett, C. Association between being employed in a smoke-free workplace and living in a smoke-free home: Evidence from 15 low and middle income countries. Preventive Medicine 2014; 59:47-53.

Out-of-pocket healthcare payments on chronic conditions impoverish urban poor in Bangalore, India: Study

The burden of chronic conditions is on the rise in India making long-term support from healthcare services imperative. At present, healthcare is primarily financed through out-of-pocket payments by households. A recent study has investigated whether and how out-of-pocket payments for outpatient care affect individuals with chronic conditions through a census covering 9299 households in the city of Bangalore. Of these, 3202 households that reported presence of chronic condition were further analysed. Overall, nearly 70 % of households made out-of-pocket payments for outpatient care spending a median of 3.2% (95%CI=3.0-3.4) of their total income. Overall, 16% of households suffered financial catastrophe by spending more than 10% of household income on outpatient care. The study concludes that out-of-pocket payment for chronic conditions, even for outpatient care, is pushing people into poverty. Therefore, it is crucial that medication and diagnostics for chronic diseases are made affordable and accessible for the urban poor and outpatient care for chronic conditions must be included in existing government-initiated health insurance schemes.

Bhojani et al.: Out-of-pocket healthcare payments on chronic conditions impoverish urban poor in Bangalore, India. BMC Public Health 2012 12:990.

Announcements

- ▶ The Institute for Global Tobacco Control has recently launched a new course on global tobacco control targeted at healthcare professionals titled “Learning from the Experts: A Course for Healthcare Professionals”. The course is free, available in 8 languages (English, Spanish, Portuguese, French, Arabic, Russian, Chinese and Vietnamese) and always accessible online via the link: http://hp.globaltobaccocontrol.org/online_training
- ▶ The Health Promotion Division, PHFI is offering two Distance Learning Programme which prepares participants for advancing career in specialized areas in public health allowing anytime, anywhere learning: Post Graduate Diploma in Health Promotion (Duration: 1 year); PGD-Health Promotion; and Short term courses on Tobacco Control (Duration – 3 months; offered twice a year). These courses will be delivered through PHFI online course delivery platform ‘Learning Management System (LMS)’. The lectures are by leading national and international faculty.
- ▶ HRIDAY to host Global Youth Meet 2014 on the theme of Youth, Health and Development in Visakhapatnam, Andhra Pradesh from 16-19 November 2014. As the largest set of beneficiaries, youth are an important stakeholder in the process of sustainable development. GYM 2014 will provide a platform that encourages ideas and innovation guided by the methods identified by young people, particularly in low-and middle income countries.
GYM 2014 envisions helping youth contextualize the growing complexities in global public health and their rising social, political and economic implications. GYM 2014 will provide a platform for young persons from across the world to deliberate on and commit themselves to the post-2015 SDGs. For more details write to gym2014@hriday-shan.org

Noncommunicable Diseases....In the News!

US food giants cut calories to help fight obesity

Estimated 6.4 Trillion Calories Slashed From Products In A Voluntary Effort: Study

New York: A voluntary effort by the world's largest food and beverage companies to remove billions of calories from the products they sell in the United States to help combat the nation's obesity epidemic has far exceeded expectations, according to a study by researchers at the University of North Carolina at Chapel Hill (UNC).



Some of the decline may have come from the recession, as financially-strapped families cut back on junk food. The researchers found that beverage firms are producing more drinks that have both sugar and...

Junk food should not become habit: Court

Harish V Nair

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holders like food processors and associations. The committee will finalise guidelines on regulating the sale of junk food in and around school premises. The health ministry had on September 4 told the court it has formed the committee to finalise the guidelines. The panel will comprise four members of the Food Safety and Standards Authority of India and one official from the...

'Extra excise duty on soft drinks can help fight obesity, diabetes'

Study Says Will Lead to Reduced Obesity



'DIABESITY' A THREAT THAT LOOMS LARGE How extra taxation can lead to reduction of obesity

Lifestyle diseases to cost India \$6tn: Study

Durgesh Nandan Jha | TNN

New Delhi: India's economic growth towards being an emerging stable nation is not just by global issues. Poor health poses an equal threat. The Harvard Public Health on economic

non-communicable diseases (NCDs), estimated that the economic burden of these ailments for India will be \$6.2 trillion for the period 2011-2030, P 14

years of \$710 billion. NCDs, chiefly cardiovascular diseases (including heart disease, diabetes, cancer, respiratory disease, stroke, and dementia) are defined as diseases that progress slowly and are often preventable. The cause of a

The Harvard report, based on WHO projections of the mortality trajectory, says...

Gadkari promises to table brand new MV bill

TIMESNEWS NETWORK

New Delhi: Former Cabinet minister Gopinath Munde's death in a car crash has prompted the NDA government to fast-track a brand new Motor Vehicles Bill in the next session. The bill in the present form is being pursued by the

तंबाकू से बने उत्पादों पर कर बढ़ाने की मांग

Govt to tax tobacco more to reduce consumption

Durgesh Nandan Jha | TNN

New Delhi: Union health minister Harsh Vardhan is for levying increased taxes on tobacco and tobacco-related products to discourage consumption. Releasing

DEADLY PUFF

Economic costs due to diseases caused by tobacco use in India: ₹1,04,500cr (1.2% of GDP and 12% more than the combined central and state government expenditure on healthcare)



Harsh Vardhan

'Road safety has been a victim of India's policy paralysis'

Need to actualise goals of UN Decade of Action for Road

Bindu Shajan Perappadan

NEW DELHI: The numbers say it all. Every four minutes a life is lost in a road accident in India with 1,40,000 deaths recorded in 2012 alone. In the past decade, over a million people have lost their lives in road accidents in the country and over 5 million have been left seriously injured or permanently disabled.

- Detailed investigations are a rarity, officials in-charge are almost never held accountable, road design continues to be dangerous, and Indian laws remain poorly enforced
- The sole statute governing road safety in India, the Motor Vehicles Act-1988 (MVA), has proved ineffective in addressing any of these issues decisively

According to Save LIFE Foundation, an advocacy group which aims to reduce the high number of road accident deaths in India through rapid emergency care for injured victims, "road safety has been a victim of India's policy paralysis since 2001". "Detailed investigations into road crashes are a rarity, officials in-charge of road safety are almost never held accountable, road design continues to be dangerous, and Indian laws around road safety remain deficient and poorly enforced," maintained the group.

Ms. Kiran Mehra-Kerpelman, director of the United Nations Information Centre for India and Bhutan, in a release issued on Tuesday maintained that the unfortunate death of Union Minister for Rural Development Gopinath Munde in a road accident here on Tuesday morning once again draws attention to the critical issue of road safety.

She said there is an urgent need to actualise the five pillars on which the goals of the ongoing UN Decade of Action for Road Safety are based: road safety, safer roads, safer vehicles, safer drivers, and better response.

The World Health Organization 2013 Global report on Road Safety that worldwide number of road deaths remain unacceptable 1.24 million per year.

Only 28 countries, 7 per cent of the world population, have comprehensive road safety laws on risk factors: drink driving, speeding, as to use motorcycle seat-belts, and constraints.

For India, the report shows the rising fatalities in road accidents - rising from 8 per lakh of population in 2007 to 12 in 2010. Sixty per cent of all such deaths in four wheeled cars and 70 per cent in two or three wheeled.

कोलकाता. तंबाकू सेवन को रोकने के लिए विभिन्न संगठनों द्वारा कई अभियान चलाये जाते हैं, लेकिन अगर वास्तव में तंबाकू सेवन को कम करना है, जो सरकार को इसे लोगों से दूर करना होगा और यह तभी संभव होगा, जब इसकी कीमत में वृद्धि की जाये. यह जानकारी शनिवार को मनमोहन आनंद आश्रम नित्यानंद ट्रस्ट की कार्यकारी निदेशक पापिया सेन ने विश्व तंबाकू प्रतिरोध दिवस पर आयोजित कार्यक्रम के दौरान कहा. महानगर में विश्व तंबाकू प्रतिरोध दिवस पर आयोजित कार्यक्रम के दौरान

यहां के फुटबॉलर मेहताब हुसैन व अनंनब मंडल के साथ-साथ टॉलीवुड के अभिनेता हीरन ने जागरूकता अभियान चलाया. इस मौके पर उन्होंने बताया कि विश्व स्वास्थ्य संगठन के आंकड़ों के अनुसार, अगर तंबाकू उत्पादों की कीमत में 50 फीसदी की वृद्धि कर दी जाये तो अगले तीन वर्षों में करीब 4.90 करोड़ लोग इसका सेवन अपने आप बंद देंगे और इससे करीब एक करोड़ 10 लाख लोगों का प्राण बचाया जा सकता है. फिलहाल सिगरेट पर 38 फीसदी कर लिया जाता है, जिसे बढ़ा कर 78 फीसदी करना जरूरी है. गौरतलब है कि तंबाकू सेवन से होनेवाले कैंसर प्रत्येक छह सेकेंड में एक व्यक्ति की मौत होती है.

तंबाकू पर कर में 78 फीसदी वृद्धि की मांग



अधिक कीमत होने पर उपभोक्ताओं की संख्या में आयेगी कमी

Call for contributions!

We look forward to comments and feedback on the newsletter and also request for your contributions (focusing on NCD prevention and control) for the next issue. These may include success stories from the field, new publications, research findings or any other information/news which you feel should be shared with various stakeholders working in this area. Please restrict your write-ups to 200 words. Accompanying high resolution digital photographs and web links are strongly encouraged. All articles, transitions and photos are subject to editing, available space, and the acceptance policy. Please write to us at: niramaya.newsletter@gmail.com; manjusha.chatterjee@phfi.org; singhan@who.int with your contributions.

Sincere thanks to all colleagues at MoHFW, WHO Country Office for India, PHFI and partner civil society organizations for all their inputs and support.